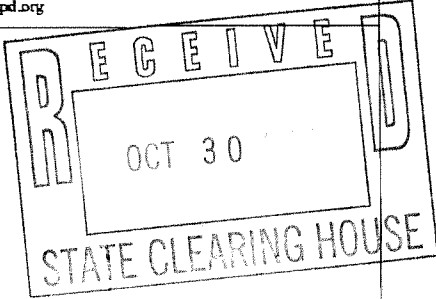


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 0458037075	4. DATE RECEIVED:	GRANT NUMBER:
5. APPLICATION INFORMATION		
LEGAL NAME: Conejo Recreation & Park District		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Louise Danielle TELEPHONE NUMBER: 805-381-2742 FAX NUMBER: 805-495-5430 INTERNET E-MAIL ADDRESS: crvp@crpd.org
ADDRESS (give street address, city, state and zip code): 403 W. Hillcrest Drive Thousand Oaks CA 91360		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952265201	7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Local Government, Municipal	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Thousand Oaks, Newbury Park, and part of Westlake Village in Ventura County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conejo Valley Retired and Senior Volunteer Program
13. PROPOSED PROJECT: START DATE: 10/01/03 END DATE: 09/30/06		14. PERFORMANCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-03
a. FEDERAL	\$ 55,502.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT	\$ 131,389.00	
c. STATE	\$ 0.00	
d. LOCAL	\$ 45,126.00	
e. OTHER	\$ 86,263.00	
f. PROGRAM INCOME	\$ 0.00	
g. TOTAL	\$ 186,891.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Lizzie Benton-Scott		b. TITLE: Administrator
		c. TELEPHONE NUMBER: 805-495-6471
		d. DATE:

APPLICATION FOR FEDERAL ASSISTANCE

TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 21, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Le Grand Community Services District	Organizational Unit:
Address (give city, county, State, and zip code): 13038 Jefferson Street, Le Grand, CA 95333-9759	Name and telephone number of person to be contacted on matters involving this application (give area code) Gerald Herman, (559) 673-5981, ext. 23
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 69 — 0933861	
7. TYPE OF APPLICANT: (enter appropriate letter in box) G	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	
9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 — 760 TITLE: Water & Waste Disposal Loan and Grant Program	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water system improvements including construction of a new well (Well 5), installing approximately 4000 linear feet of piping, and upgrading existing Wells 1A and 4.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Le Grand, Merced County, California	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date	a. Applicant b. Project
	District 18 - Cardoza District 18 - Cardoza
15. ESTIMATED FUNDING:	
a. Federal	\$ 1,600,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 1,600,000.00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10/21/03	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Kenneth McPherson	b. Title Board President
c. Telephone Number (209) 389-4173	d. Signature of Authorized Representative <i>Kenneth McPherson</i>
e. Date Signed 10-21-03	

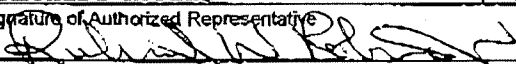
OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 30, 2003		Applicant Identifier N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY October 31, 2003		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: Los Angeles County Sheriff's Department			Organizational Unit:		
Address (give city, county, state, and zip code): 4700 Ramona Boulevard Monterey Park, CA 91754			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Robert N. Sedita, Captain Phone: (323) 267-2501		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000927			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2003 Technology grant program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Angeles County Sheriff's Department Mobile Communications Center Equipment		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Los Angeles County, CA					
13. PROPOSED PROJECT: Start Date: 2/20/2003 Ending Date: 2/19/2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 24-39 and 41 b. Project: 24-39 and 41			
16. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 248375.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: October 31, 2003			
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 248375.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Leroy D. Baca		b. Title Sheriff		c. Telephone number 323 526 5000	
d. Signature of Authorized Representative <i>Leroy D. Baca</i>				e. Date Signed 10/28/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY Oct 28 2003		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: County of Tehama			Organizational Unit: County		
Address (give city, county, State, and zip code): P.O. Box 250 Red Bluff, CA 96080			Name and telephone number of person to be contacted on matters involving this application (give area code): Rick Robinson 527-4655		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000543			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: Water and Waste Disposal Loan and Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Antelope Area Sewer Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tehama County and City of Red Bluff, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date Jan 02	Ending Date Oct 07	a. Applicant 2nd		b. Project 2nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 25,568,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 25,568,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Richard Robinson		b. Title Chief Administrator		c. Telephone Number (530) 527-4655	
d. Signature of Authorized Representative 				e. Date Signed 10/21/2003	

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 15, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Alpaugh Joint Powers Authority	Organizational Unit: N/A
Address (give city, county, State, and zip code): P.O. Box 262 Alpaugh, CA 93201	Name and telephone number of person to be contacted on matters involving this application (give area code) Paul Boyer, Self-Help Enterprises (559) 651-1000 ext. 681

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

0	3	-	0	5	1	6	5	1	3
---	---	---	---	---	---	---	---	---	---

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	--

G

8. TYPE OF APPLICATION:

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award
B. Decrease Award
C. Increase Duration

D. Decrease Duration
Other(specify): _____

9. NAME OF FEDERAL AGENCY:
U.S.D.A. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1

0

-

7

6

0

TITLE: Water & Waste Disposal Systems for Rural Comm.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Alpaugh Water System Rehabilitation Project.
 Drill new well. Install water treatment, storage, and pressure facilities. Replace portions of water distribution system.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Town of Alpaugh and surrounding area, Tulare County, California.

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:				
<table style="width:100%;"> <tr> <td style="width:50%;">Start Date</td> <td style="width:50%;">Ending Date</td> </tr> </table>	Start Date	Ending Date	a. Applicant 20th - Devin Nunes	b. Project 20th- Devin Nunes	
Start Date	Ending Date				

15. ESTIMATED FUNDING:

a. Federal	\$								
									1,933,000 ⁰⁰
b. Applicant	\$								⁰⁰
c. State	\$								⁰⁰
									2,100,000
d. Local	\$								⁰⁰
e. Other	\$								⁰⁰
f. Program Income	\$								⁰⁰
g. TOTAL	\$								4,033,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.
 ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Rick Sroka	b. Title Chairman	c. Telephone Number (559) 949-8199
d. Signature of Authorized Representative 		e. Date Signed 9-12-03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
October 21, 2003

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

California Department of Transportation

Organizational Unit:

Division of Mass Transportation

Address (give city, county, State, and zip code):

P.O. Box 942874

Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code)

Christopher Herre, Chief

Office of Specialized Transit and Procurement

(916) 654-6990

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 6001344

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in boxes: ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box): **A**

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School Dist.

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE
NUMBER:

20 - 513

U.S.C. 49 Section 5310

TITLE: Capital Assistance

12. AREAS AFFECTED BY PROJECT (Cities, counties, States,
etc.)

Statewide

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Purchase of Paratransit Equipment

13. PROPOSED PROJECT

Start Date:

1/2/04

Ending Date:

24 months

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

Project:

15. ESTIMATED FUNDING:

a. Federal

\$ 10,400,000.00

b. Applicant

\$

c. State

\$

d. Local

\$ 2,600,000.00

e. Other

\$

f. Program Income

\$

g. TOTAL

\$ 13,000,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE
EXECUTIVE ORDER 12372 PROCESS:

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE: October 21, 2003

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY
STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL
DEBT?

☐ Yes. If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
Christopher Herre

b. Title: Chief, Office of Specialized
Transit & Procurement
Division of Mass Transportation

c. Telephone Number
(916) 654-6990

d. Signature of Authorized Representative

Christopher Herre

e. Date Signed
October 21, 2003

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/29/03 10/23/03 - revision		Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

5. APPLICANT INFORMATION Legal Name: City of Emeryville Address (give city, county, state, and zip code): 1333 Park Avenue Emeryville, CA 94608		Organizational Unit: Department of Economic Development and Housing Name and telephone number of the person to be contacted on matters involving this application (give area code): Ignacio Dayrit (510)596-4356	
--	--	---	--

6. EMPLOYER IDENTIFICATION (EIN): <u>94-6000326</u>	TYPE OF APPLICANT: (enter appropriate letter here) <u>C</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____
---	--

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66-811</u> TITLE: Brownfields Assessment Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CIERRA - Capital Incentives for Emeryville's Redevelopment and Remediation
--	--

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City			
--	--	--	--

13. PROPOSED PROJECT: <table style="width:100%;"> <tr> <td style="width:50%;">Start Date</td> <td style="width:50%;">End Date</td> </tr> <tr> <td>10/1/3</td> <td>4/30/6</td> </tr> </table>		Start Date	End Date	10/1/3	4/30/6	14. CONGRESSIONAL DISTRICT OF: <table style="width:100%;"> <tr> <td style="width:70%;">a. Applicant:</td> <td style="width:30%;">b. Project</td> </tr> <tr> <td>District 9, Barbara Lee</td> <td>same</td> </tr> </table>		a. Applicant:	b. Project	District 9, Barbara Lee	same
Start Date	End Date										
10/1/3	4/30/6										
a. Applicant:	b. Project										
District 9, Barbara Lee	same										

15. Estimated Funding: <table style="width:100%;"> <tr> <td style="width:70%;">a. Federal</td> <td style="width:30%;">\$500,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$100,000</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income (Repayments)</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$600,000</td> </tr> </table>	a. Federal	\$500,000	b. Applicant	\$100,000	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income (Repayments)	\$	g. TOTAL	\$600,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>10/23/03</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$500,000														
b. Applicant	\$100,000														
c. State	\$														
d. Local	\$														
e. Other	\$														
f. Program Income (Repayments)	\$														
g. TOTAL	\$600,000														

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative: John A. Flores	b. Title: City Manager	c. Telephone Number (510)596-4371
d. Signature of Authorized Representative: 		e. Date Signed <u>10-23-03</u>

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/17/2003		Applicant Identifier	
1. TYPE OF SUBMISSION: Application Preapplication [] Construction [] Construction [X] Non-Construction [] Non Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier A 009019-03-0	
5. APPLICANT INFORMATION					
Legal Name: Santa Barbara County Air Pollution Control District			Organizational Unit: Air Pollution Control District		
Address (give city, county, state, and zip code): 260 North San Antonio Road Suite A Santa Barbara, CA 93110			Name and telephone number of the person to be contacted on matters involving this application (give area code) John M. Nicholas, (805) 961-8854		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [7][7]-[0][3][8][4][1][6][7]			7. TYPE OF APPLICANT: (enter appropriate letter in box) [B] A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify): _____		
8. TYPE OF APPLICATION: [X] New [] Continuation [] Revision If Revision, enter appropriate letter(s) in box(es): [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [6][6]-[0][0][1] TITLE: Air Pollution Control Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Pollution Program		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc): Santa Barbara County					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10-01-03	Ending Date 09-30-04	a. Applicant Santa Barbara County		b. Project Santa Barbara County	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS DATE _____ b. NO: [] OR PROGRAM HAS NOT BEEN SELECTED BY			
a. FEDERAL	\$	<div style="border: 2px solid black; padding: 10px; width: 200px; margin: 0 auto;"> <div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em; margin: 5px 0;">OCT 23 2003</div> <div style="font-size: 1.2em; font-weight: bold; letter-spacing: 5px;">STATE CLEARING HOUSE</div> </div>			
b. APPLICANT	\$				
c. STATE					
d. LOCAL	\$				
e. OTHER	\$				
f. PROGRAM INCOME	\$				
g. TOTAL	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? [] YES. IF "YES" ATTACH AN EXPLANATION. [X] NO.			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Douglas W. Allard		b. Title Air Pollution Control Officer		c. Telephone number (805) 961-8853	
d. Signature of Authorized Representative <i>Douglas W. Allard</i>				e. Date Signed 10-17-03	

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y263
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2004 Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y263
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Union President
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,176,355
Project Number:	CA-90-Y263	Adjustment Amt:	\$0
Project Description:	FY 2004 Capital Assistance	Total Eligible Cost:	\$4,176,355

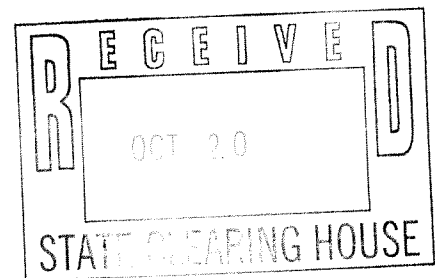
Recipient Type:	City	Total FTA Amt:	\$3,371,106
FTA Project Mgr:	J. Ottomanelli, 213.202.3957	Total State Amt:	\$58,300
Recipient Contact:	Anthony Rose - 310-618-6234	Total Local Amt:	\$746,949
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2003 - Nov. 30, 2004	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	No
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 16, 2003		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman



Project Details

DOL Checklist

1. Who is receiving the funds? The applicant, (i.e. recipient) and subrecipient(s) of funds must be clearly identified.

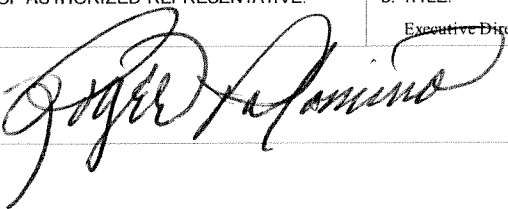
The City of Torrance (Recipient #: 1666) is receiving all funds in the grant.

2. What is the amount and type of funding to be awarded? Indicate whether funding is for operating or capital assistance. Identify how much is being provided to the recipient (applicant) and to each subrecipient.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/17/03	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 04SF039003	4. DATE RECEIVED: 10/18/03	GRANT NUMBER: 03SFPCA001														
5. APPLICATION INFORMATION																
LEGAL NAME: Fresno County Economic Opportunity Commission ADDRESS (give street address, city, state and zip code): 1920 Mariposa Mall Fresno CA 93721		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria A. Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnococ.org														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941606519		7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Community-Based Organization														
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service														
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparents		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno/Madera FGP														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County California and contiguous city in Madera County, California																
13. PROPOSED PROJECT: START DATE: 01/01/03 END DATE: 12/31/05		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-03														
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 353,046.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 103,441.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 25,910.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 77,531.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 456,487.00</td> </tr> </table>		a. FEDERAL	\$ 353,046.00	b. APPLICANT	\$ 103,441.00	c. STATE	\$ 0.00	d. LOCAL	\$ 25,910.00	e. OTHER	\$ 77,531.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 456,487.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
a. FEDERAL	\$ 353,046.00															
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g. TOTAL	\$ 456,487.00															
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a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Roger Palomino		b. TITLE: Executive Director														
c. TELEPHONE NUMBER: (559) 263-1010		d. DATE: 10/17/03														

PART I - FACE SHEET

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		STATE APPLICATION IDENTIFIER:	
		GRANT NUMBER: 03SFPCA001	
5. APPLICATION INFORMATION			
LEGAL NAME: Fresno County Economic Opportunities Commission		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (<i>give area codes</i>):	
ADDRESS (<i>give street address, city, state and zip code</i>): 1920 Mariposa Mall Fresno CA 93721		NAME: Victoria A. Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnococ.org	
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e. OTHER \$ 77,531.00			
f. PROGRAM INCOME \$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$ 456,487.00		<input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
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a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Roger Palomino		b. TITLE: Executive Director	
		c. TELEPHONE NUMBER: (559)263-1010	
		d. DATE: 10/17/03	